MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

# 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg FACESHEET

**Patient Demographics** 

Name	Patient ID	SSN	Gender Identity	Birth Date
Gallardo, Jesus M	lichael CEUL0641381	xxx-xx-6010	Male	05/01/42 (81 yrs)
Ir " loc"	ilchaer CEOLOO41301	XXX-XX-0010	iviale	03/01/42 (0

Jr. "Jes"

 Address
 Phone
 Email

 115 W 5TH ST
 719-784-4443 (H)
 lynn45@earthlink.net

FLORENCE CO 81226 719-784-4443 (M)

 Reg Status
 PCP
 Date Last Verified
 Next Review Date

 Verified
 Joseph Thomas
 03/22/24
 05/21/24

McGarry, MD719-784-4816

Religion Language
Catholic English

 Emergency Contact 1
 Emergency Contact 2

 Tonilynn Gallardo (Spouse)
 Richard Gallardo (Son)

 115 W 5TH ST
 115 W 5TH ST

 FLORENCE CO 81226
 FLORENCE CO 81226

 US
 US

719-784-4443 (H) 719-650-4185 (H) 719-650-5142 (M)

**Hospital Account** 

Name	Acct ID	Class	Status	Primary Coverage
Gallardo, Jesus Michael Jr.	2301583980	Inpatient	Closed	MEDICARE - MEDICARE PART A AND B

#### Guarantor Account (for Hospital Account #2301583980)

Name	Relation t	o Service Area	Active?	Acct Type
Gallardo, Jesus Michael Jr.	Self	CEN	Yes	Personal/Family
Address	Phone			
115 W 5TH ST FLORENCE, CO 81226	719-784-4	719-784-4443(H)		

## Coverage Information (for Hospital Account #2301583980)

## 1. MEDICARE/MEDICARE PART A AND B

F/O Payor/Plan		Precert #
MEDICARE/MEDICARE PART A AND B		
Subscriber		Subscriber #
Gallardo, Jesus Michael Jr.		9PU1FV0PX21
Address	Phone	

PO BOX 890107 855-252-8782 PART A CLAIMS

CAMP HILL, PA 17089-0107

#### 2. MUTUAL OF OMAHA/MUTUAL OF OMAHA

F/O Payor/Plan	Precert #
MUTUAL OF OMAHA/MUTUAL OF OMAHA	
Subscriber	Subscriber #
Gallardo, Jesus Michael Jr.	562637-99

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg **FACESHEET** (continued)

Coverage Information (for Hospital Account #2301583980) (continued)

Address **Phone** 3316 FARNAM STREET 303-360-9600

**OMAHA, NE 68175** 

**Admission Information** 

Admit Date/Time: Arrival Date/Time: 10/30/2023 0614 IP Adm. Date/Time: 10/30/2023 1450

Admission Type: Elective Point of Origin: Home Admit Category: Means of Arrival: Primary Service: Orthopedics Secondary Service:

N/A St. Francis Medical

Transfer Source: Service Area: CENTURA SERVICE Unit:

Center 6N **AREA** Ortho/Surg

Admit Provider: Douglas Carl Attending Provider: Douglas Carl Referring Provider:

Crowther, DO Crowther, DO

**Discharge Information** 

**Discharge Date/Time Discharge Disposition Discharge Destination Discharge Provider** Unit 11/03/2023 1800 \*Rehab Facility -- Internal None Douglas Carl Crowther, St. Francis Medical DO Center 6N Ortho/Surg

#### 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

#### **Reason for Visit**

#### Visit Diagnosis

Spinal cord stimulator status (primary)

#### **Hospital Problems**

Name	Date Noted	Date Resolved	Present on Admission?
S/P insertion of spinal cord stimulator (primary)	10/30/2023	_	Exempt from POA reporting
Coronary artery disease involving native coronary artery of native heart	10/30/2023	_	Yes
Gastroesophageal reflux disease without esophagitis	10/30/2023	_	Yes
History of BPH	10/30/2023	<u> </u>	Yes
Hyperlipidemia	10/30/2023	<u> </u>	Yes
Hypertension	10/30/2023	<u> </u>	Yes
Parkinson's disease (CMS/HCC)	10/30/2023	<u> </u>	Yes
Type 2 diabetes mellitus, without long-term current use of insulin (CMS/HCC)	10/30/2023	<del>_</del>	Yes

## **Visit Information**

Arrival Date/Time: Admit Date/Time: 10/30/2023 0614 IP Adm. Date/Time: 10/30/2023 1450 Admission Type: Elective Point of Origin: Home Admit Category:

Primary Service: Means of Arrival: Secondary Service: Orthopedics N/A

Transfer Source: Service Area: CENTURA Unit: St. Francis Medical

SERVICE AREA Center 6N Ortho/Surg

Admit Provider: Douglas Carl Attending Provider: Referring Provider: Douglas Carl Crowther, DO Crowther, DO

**Discharge Information** 

Date/Time: 11/03/2023 1800 Disposition: \*Rehab Facility -- Internal Destination: -

Provider: Douglas Carl Crowther, DO Unit: St. Francis Medical Center 6N Ortho/Surg

#### Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

# 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

Brianne Elizabeth Wagner, NP	Nurse Practitioner, Orthopedic Surgery	Follow up in 2 week(s)	2446 Research Pkwy Ste 200 Colorado Springs CO 80920-1087 719-623-1050
Capron Neuro and Trauma Rehabilitation Center		Follow up	6001 E Woodmen Rd Colorado Springs Colorado 80923 719-571-6600
Joseph Thomas McGarry, MD	Family Medicine		501 W 5th St Florence CO 81226- 1226 719-784-4816

## **Coding Summary**

#### **Account Information**

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
2301583980 - GALLARDO,JESUS MICHAEL JR.	MEDICARE [1000]	None	None

## **Admission Information**

Arrival Date/Time: Admission Type:	Elective	Admit Date/Time: Point of Origin:	10/30/2023 0614 Home	IP Adm. Date/Time: Admit Category:	10/30/2023 1450
Means of Arrival:		Primary Service:	Orthopedics	Secondary Service:	
Transfer Source:		Service Area:	CENTURA	Unit:	St. Francis Medical
			SERVICE AREA		Center 6N
					Ortho/Surg
Admit Provider:	Douglas Carl	Attending Provider:	Douglas Carl	Referring Provider:	3
	Crowther, DO		Crowther, DO		

#### **Discharge Information**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
11/03/2023 1800	*Rehab Facility	None	Douglas Carl Crowther,	St. Francis Medical
	Internal		DO	Center 6N Ortho/Surg

## Admission Diagnoses / Reasons for Visit (ICD-10-CM)

Code	Description	Comments
G97.61	Postprocedural hematoma of a nervous system organ or structure	
	following a nervous system procedure	

## Final Diagnoses (ICD-10-CM)

Code	Description	POA	СС	HAC	Affects DRG
G97.61 [Principal]	Postprocedural hematoma of a nervous system organ or structure following a nervous system procedure	Yes	No		Yes
I16.1	Hypertensive emergency	Yes	CC		Yes
G20.A1	Parkinson's disease without dyskinesia, without mention of fluctuations	Yes	No		No
G83.9	Paralytic syndrome, unspecified (CMS/HCC)	Yes	No		No
197.3	Postprocedural hypertension	Yes	No		No
E11.9	Type 2 diabetes mellitus without complications (CMS/HCC)	Yes	No		No
M48.04	Spinal stenosis, thoracic region	Yes	No		No
Z23	Encounter for immunization	Exempt from POA reporting	No		No

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

# 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## **Coding Summary (continued)**

G89.4	Chronic pain syndrome	Yes	No	No
I10	Essential (primary) hypertension	Yes	No	No
G62.9	Polyneuropathy, unspecified	Yes	No	No
M54.9	Dorsalgia, unspecified	Yes	No	No
l25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	Yes	No	No
E78.5	Hyperlipidemia, unspecified	Yes	No	No
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms	Yes	No	No
R33.8	Other retention of urine	Yes	No	No
K21.9	Gastro-esophageal reflux disease without esophagitis	Yes	No	No
R53.82	Chronic fatigue, unspecified	Yes	No	No
Y83.8	Other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	Yes	No	No
Y92.238	Other place in hospital as the place of occurrence of the external cause	Yes	No	No
Z79.84	Long term (current) use of oral hypoglycemic drugs	Exempt from POA reporting	No	No
Z79.82	Long term (current) use of aspirin	Exempt from POA reporting	No	No
125.2	Old myocardial infarction	Exempt from POA reporting	No	No
Z95.5	Presence of coronary angioplasty implant and graft	Exempt from POA reporting	No	No
Z87.891	Personal history of nicotine dependence	Exempt from POA reporting	No	No
Z83.3	Family history of diabetes mellitus	Exempt from POA reporting	No	No

## External Causes of Injury (ICD-10-CM)

Code	Description	POA	СС	HAC	Affects DRG
Y83.8	Other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	Yes	No		No
Y92.238	Other place in hospital as the place of occurrence of the external cause	Yes	No		No

## ICD Procedures (ICD-10-PCS)

Code	Description	Date	Performing Provider	Px Event
00CU0ZZ	Extirpation of Matter from Spinal Canal, Open Approach	10/30/2023	Douglas Carl Crowther, DO	
0JH80BZ	Insert Singl Array Stim Gen in Abd Subcu/Fascia, Open	10/30/2023	Douglas Carl Crowther, DO	
00HU0MZ	Insertion of Neuro Lead into Spinal Canal, Open Approach	10/30/2023	Douglas Carl Crowther, DO	
01N80ZZ	Release Thoracic Nerve, Open Approach	10/30/2023	Douglas Carl Crowther, DO	
0JPT0MZ	Removal of Stim Gen from Trunk Subcu/Fascia, Open Approach	10/30/2023	Douglas Carl Crowther, DO	

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## **Coding Summary (continued)**

00PU0MZ	Removal of Neuro Lead from Spinal Canal, Open Approach	10/30/2023	Douglas Carl Crowther, DO
0PB40ZZ	Excision of Thoracic Vertebra, Open Approach	11/02/2023	Douglas Carl Crowther, DO
00CU0ZZ	Extirpation of Matter from Spinal Canal, Open Approach	11/02/2023	Douglas Carl Crowther, DO
0JH80BZ	Insert Singl Array Stim Gen in Abd Subcu/Fascia, Open	11/02/2023	Douglas Carl Crowther, DO
00HU0MZ	Insertion of Neuro Lead into Spinal Canal, Open Approach	11/02/2023	Douglas Carl Crowther, DO

### **DRG** Information

DICO IIIIOIIIIIIIIIIIII								
DRG	DRG Type	Qualifier	Weight	MDC	LOS	SOI	ROM	Exp Reimb
908 [Billing]	MS-DRG V41 10-01-		2.0041	021	4			43,147.48
	2023							
Description: OTH	HER O.R. PROCEDURES	FOR INJURIES WITH C	C					
908	MS-DRG V41 10-01-	HAC Dx Included	2.0041	021	4			43,147.48
	2023							
Description: OTH	HER O.R. PROCEDURES	FOR INJURIES WITH C	C					
792	APRDRGV41		1.5605	021	4	2	2	0.00
Description: EXT	ENSIVE O.R. PROCEDUR	RES FOR OTHER COM	PLICATIONS	S OF TRE	ATMEN	T		
792	APRDRGV41	Admission DRG	1.5605	021	4	2	2	0.00
Description: EXT	ENSIVE O.R. PROCEDUR	RES FOR OTHER COM	PLICATIONS	S OF TRE	ATMEN	Τ		
792	APRDRGV41	PPC DRG	1.5605	021	4	2	2	0.00
Description: EXT	ENSIVE O.R. PROCEDUR	RES FOR OTHER COM	PLICATIONS	S OF TRE	ATMEN	Τ		
792	APRDRGV41	PPC Admit DRG		021	4			0.00
Description: EXT	ENSIVE O.R. PROCEDUR	RES FOR OTHER COM	PLICATIONS	S OF TRE	ATMEN	Τ		
791	APRDRGV33		2.6952	021	4	3	2	0.00
Description: O.R	. PROCEDURE FOR OTH	ER COMPLICATIONS (	OF TREATM	ENT				
791	APRDRGV33	HAC Dx Included	2.6952	021	4	3	2	0.00
Description: O.R	. PROCEDURE FOR OTH	ER COMPLICATIONS (	OF TREATM	ENT				
791	APRDRGV33	Admission DRG	2.6952	021	4	3	2	0.00
Description: O.R	. PROCEDURE FOR OTH	ER COMPLICATIONS O	OF TREATM	ENT				

#### **CDI Queries**

Sender	Recipients	Туре	Subject	Created	Status	Outcome	Responding Provider	Response Note
Michaelene Hale	Douglas Carl Crowther, DO	Accuity CDI Clarificatio n 360 Dx	RE: Accuity CDI Clarification 360 DX	11/09/2023 0942 MST	Completed	Recipient Disagreed	Douglas Carl Crowther, DO	

#### **Query Message**

---- Message -----

From: Douglas Carl Crowther, DO Sent: 11/11/2023 8:35 AM MST

To: Michaelene Hale

Subject: RE: Accuity CDI Clarification 360 DX

This is an auto-generated reply.

The following user has specified that this query has been addressed:

Douglas Carl Crowther, DO: 11/11/2023 - 08:35 AM

---- Message -----

From: Michaelene Hale

Sent: 11/10/2023 9:51 AM MST To: Douglas Carl Crowther, DO

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

# 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## CDI Queries (continued)

Subject: Accuity CDI Clarification 360 DX

Please provide a diagnosis as an addendum to the discharge summary corresponding to the clinical evidence listed below such as:

\_Spinal cord edema presents on admission related to severe canal stenosis with mass effect requiring treatment with/by IV dexamethasone, Incision/drainage.

Other, with explanation of clinical findings.

Clinically undetermined.

Clinical Indicators: Impaired balance/sensation, weakness to core and BLEs. 9 x 14 x 90 mm (AP x TV x CC) dorsal epidural hematoma extending from T5-T9, largest at T8 ... associated severe canal stenosis, mass effect on the spinal cord spanning T7-T8. Longitudinal central cord edema extends from T6-T10.

Risk Factor(s): Severe canal stenosis, mass effect on the spinal cord spanning T7-T8.

Treatment: IVF LR bolus/maintenance, incision/drainage/evacuation, orthopedics consult, IV Ancef, IV Vancomycin, PT/OT evaluations, IV dexamethasone, monitor labs/VS's.

Please clarify and document your clinical opinion as an addendum to the discharge summary including the definitive and/or presumptive diagnosis, (suspected or probable), related to the above clinical findings. Please include clinical findings supporting your diagnosis.

Michaelene Hale RN, BSN, NLC, CCDS, CCS

Office: +1-929-777-3903

#### **Treatment Team**

Provider	Service	Role	Provider Team	Specialty	From	То
Douglas Carl Crowther, DO	Surgery	Attending	_	Orthopedic Surgery	10/30/23 0614	11/03/23 1800
Kandra S Kendall, PT	_	Physical Therapist	_	Physical Therapy	11/03/23 0950	_
Tara Crews, OT	_	Occupational Therapist	_	Occupational Therapy	11/03/23 0809	11/03/23 1617
Sara Cook	_	Utilization Review Nurse	_	_	11/03/23 0801	_
Erica Czufin, LCSW	_	Social Worker	_	Social Services	11/03/23 0745	11/03/23 1630
Mia Velarde, Pharmacist	_	Pharmacist	_	_	11/03/23 0739	_
Emily A Cai, Pharmacist	Medicine	Pharmacist	_	Pharmacy	11/03/23 0738	11/03/23 1638
Chelsey Vincent, RN	_	Registered Nurse	_	_	11/03/23 0721	_
Abigail Simonton	_	Certified Nursing Assistant	_	_	11/03/23 0720	_
Cheyenne Staab	_	Certified Nursing Assistant	_	_	11/02/23 2036	11/03/23 0906
Elissa Watson, RN	_	Registered Nurse	_	_	11/02/23 2008	11/03/23 0715
Amy L Plouffe	<del>_</del>	Certified Nursing	<del>_</del>	<del>_</del>	11/02/23 1913	11/02/23 1916

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

# 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

# **Treatment Team (continued)**

nent Team (continu	~~~ <i>i</i>	Assistant				
Dallen David	Surgery	Anesthesiologist		Anesthesiology	11/02/23 1618	11/02/23 2218
Mill, MD	Surgery		_	Ariestrieslology		
Mary S Joseph		Certified Nursing Assistant	_	_	11/02/23 0820	11/02/23 1612
lan J Henne, OT	_	Occupational Therapist	_	Occupational Therapy	11/02/23 0805	11/02/23 1641
Erica Czufin, LCSW	<del>_</del>	Social Worker	_	Social Services	11/02/23 0745	11/02/23 1630
Mia Velarde, Pharmacist	_	Pharmacist	_	_	11/02/23 0741	11/02/23 1905
Nikole Maier, RN	_	Registered Nurse	_	_	11/02/23 0700	11/02/23 2000
Emika Da Silva, PT	_	Physical Therapist	_	Physical Therapy	11/02/23 0615	11/02/23 1501
Amy L Plouffe	_	Certified Nursing Assistant	_	_	11/01/23 1923	11/02/23 0753
Julie Englert, RN	_	Registered Nurse	_	_	11/01/23 1906	11/02/23 0755
Ashley M Rhoades	_	Certified Nursing Assistant	_	_	11/01/23 1753	11/02/23 0645
Melissa J Smith	_	Certified Nursing Assistant	_	_	11/01/23 1555	_
Melissa J Smith	_	Certified Nursing Assistant	_	_	11/01/23 0937	11/01/23 1524
Tracy M Richardson, RN	_	Case Manager	_	_	11/01/23 0904	11/01/23 1934
Celeste A Newstrom, PT	Physical Medicine and Rehabilitation	Physical Therapist	_	Physical Therapy	11/01/23 0838	11/01/23 1705
Tara Crews, OT	_	Occupational Therapist	_	Occupational Therapy	11/01/23 0829	11/01/23 1455
Amber M Larsen, RN	_	Utilization Review Nurse	_	_	11/01/23 0812	11/01/23 0939
Sara Cook	_	Utilization Review Nurse	_	_	11/01/23 0740	11/01/23 1830
Paige Berke, RN	_	Registered Nurse	_	_	11/01/23 0700	11/01/23 0833
Alyssa Vargo	_	Certified Nursing Assistant	_	_	11/01/23 0700	11/01/23 0845
Tracy N Corl, RN	_	Registered Nurse	_	_	11/01/23 0651	11/01/23 1930
Evelyne E Quinn, PT	_	Physical Therapist	<del>_</del>	Physical Therapy	11/01/23 0649	11/01/23 0654
Austin G Kemmet, RN	_	Registered Nurse	_	_	10/31/23 1930	11/01/23 0800
Bianca J Gomez, RN	_	Registered Nurse	_	_	10/31/23 1925	11/01/23 0754
Megan O Ware	_	Certified Nursing Assistant	_	_	10/31/23 1900	11/01/23 0730
Genevieve M Bates,	_	Pharmacist	_	_	10/31/23 0927	10/31/23 1700
Pharmacist		O M			40/04/00 0040	40/04/00 4740
Kathryn S Smith Sara Cook		Case Manager Utilization			10/31/23 0840 10/31/23 0805	10/31/23 1710 10/31/23 1835
		Review Nurse	<del>-</del>	Dhysical There		
Sarah M Elkin, PT	_	Physical Therapist	_	Physical Therapy	10/31/23 0803	10/31/23 1523
Emily L Augustyniak, OTR	_	Occupational Therapist	_	Occupational Therapy	10/31/23 0726	10/31/23 1417
Kris Bermudez	_	Certified Nursing	_	_	10/31/23 0711	10/31/23 1941

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

Treatment Team	(continued)
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		Assistant				
Donna Geer, RN	_	Registered	_	_	10/31/23 0700	10/31/23 1929
		Nurse				
Tonya M Lantto,	_	Physical	_	Physical Therapy	10/31/23 0653	10/31/23 0654
PT		Therapist				
Melanie Glover,	_	Utilization	_	_	10/31/23 0632	10/31/23 1729
RN		Review Nurse				
Youngran	_	Registered	_	_	10/30/23 1928	10/31/23 0750
Caceres, RN		Nurse				
Morgan M	_	Registered	_	_	10/30/23 1908	10/31/23 0807
Morrison, RN		Nurse				
Megan O Ware	_	Certified Nursing	_	_	10/30/23 1900	10/31/23 0730
		Assistant				
Kris Bermudez	_	Certified Nursing	_	_	10/30/23 1826	10/30/23 1946
		Assistant				
John David	Surgery	Anesthesiologist	_	Anesthesiology	10/30/23 1511	10/30/23 2111
Sargent, MD						
Jacqueline	Medicine	Consulting	_	Hospitalist	10/30/23 1049	_
Mitongo		Physician				
Kabongo, MD						
Charles Herbert	Surgery	Anesthesiologist	_	Anesthesiology	10/30/23 0912	10/30/23 1512
Ripp, MD						
Douglas Carl	Surgery	Surgeon	_	Orthopedic	10/24/23 0815	_
Crowther, DO				Surgery		

#### **Events**

Admission	at 10/	30/2023	0614

Unit: St. Francis Medical Center Main OR Room: Main OR Bed: Main OR

Patient class: Hospital Outpatient Surgery

#### Surgery at 10/30/2023 0841

Unit: SFM Main OR Room: SFM OR 17

Patient class: Hospital Outpatient Surgery

### Patient Update at 10/30/2023 1450

Unit: St. Francis Medical Center Main OR Room: Main OR Bed: Main OR

Patient class: Inpatient

#### Surgery at 10/30/2023 1459

Unit: SFM Main OR Room: SFM OR 17

Patient class: Inpatient

#### Transfer Out at 10/30/2023 1733

Unit: St. Francis Medical Center Main OR Room: Main OR Bed: Main OR

Patient class: Inpatient

#### Transfer In at 10/30/2023 1733

Unit: Centura St. Francis Hospital 5W IMC Room: 5512 Bed: 5512-1

Patient class: Inpatient

## Patient Update at 11/1/2023 0453

Unit: Centura St. Francis Hospital 5W IMC Room: 5512 Bed: 5512-1

Patient class: Inpatient

#### Patient Update at 11/1/2023 0454

Unit: Centura St. Francis Hospital 5W IMC Room: 5512 Bed: 5512-1

Patient class: Inpatient

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

**Events (continued)** 

Transfer Out at 11/1/2023 0857

Unit: Centura St. Francis Hospital 5W IMC Room: 5512 Bed: 5512-1

Patient class: Inpatient

Transfer In at 11/1/2023 0857

Unit: St. Francis Medical Center 6N Room: 6406 Bed: 6406-1

Ortho/Surg

Patient class: Inpatient

Transfer Out at 11/2/2023 1527

Unit: St. Francis Medical Center 6N Room: 6406 Bed: 6406-1

Ortho/Surg

Patient class: Inpatient

Transfer In at 11/2/2023 1527

Unit: St. Francis Medical Center Main OR Room: Main OR Bed: Main OR

Patient class: Inpatient

Surgery at 11/2/2023 1527

Unit: SFM Main OR Room: SFM OR 17

Patient class: Inpatient

Transfer Out at 11/2/2023 2008

Unit: St. Francis Medical Center Main OR Room: Main OR Bed: Main OR

Patient class: Inpatient

Transfer In at 11/2/2023 2008

Unit: St. Francis Medical Center 6N Room: 6406 Bed: 6406-1

Ortho/Surg

Patient class: Inpatient

Discharge at 11/3/2023 1800

Unit: St. Francis Medical Center 6N Room: 6406 Bed: 6406-1

Ortho/Surg

Patient class: Inpatient

[No Transfer Center events, tasks, or approvals to display]

[There is no Transfer Center request information to display]

# 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg

#### **Code and Rapid Response Timelines**

No data selected in time range

# 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg OB Code White Timeline

#### **OB Code White Timeline**

No data selected in time range

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## **Medication List**

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

#### 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## **Medication List (continued)**

#### **Medication List**

① This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

#### **Prior To Admission**

#### carbidopa-levodopa IR (SINEMET) 25-100 mg per tablet

Instructions: Take 2 tablets by mouth 3 times a day Indications: Parkinson's disease. Entered by: Albert Juarez Jr., MA Entered on: 4/6/2017

#### Iosartan (COZAAR) 100 MG tablet

Instructions: Take 100 mg by mouth daily.

Entered by: Albert Juarez Jr., MA Entered on: 4/6/2017

#### atorvastatin (LIPITOR) 40 MG tablet

Instructions: Take 40 mg by mouth daily.

Entered by: Albert Juarez Jr., MA Entered on: 4/6/2017

#### metFORMIN (GLUCOPHAGE) 500 MG tablet

Instructions: Take 500 mg by mouth 2 (two) times a day with meals.

Entered by: Albert Juarez Jr., MA Entered on: 4/6/2017

#### nitroglycerin (NITROSTAT) 0.4 MG SL tablet

Instructions: Place 0.4 mg under the tongue every 5 (five) minutes as needed for chest pain. Entered by: Albert Juarez Jr., MA

Entered on: 4/6/2017

#### aspirin 81 MG chewable tablet

Discontinued by: Brianne Elizabeth Wagner, NP

Reason for discontinuation: Stop Taking at Discharge

Instructions: Chew 81 mg daily. Entered by: Albert Juarez Jr., MA

End date: 11/3/2023

Discontinued on: 11/3/2023

Entered on: 4/6/2017

#### pramipexole (MIRAPEX) 0.25 MG tablet

Instructions: Take 0.25 mg by mouth 3 (three) times a day.

Entered by: Shelly R Roark, RN Entered on: 11/29/2018

#### finasteride (PROSCAR) 5 mg tablet

Instructions: Take 5 mg by mouth daily.

Entered by: Nicole Alexander, RN Entered on: 10/25/2023

## melatonin 5 mg tablet

Instructions: Take 5 mg by mouth nightly.

Entered by: Nicole Alexander, RN Entered on: 10/25/2023

#### omega-3/dha/epa/fish oil (omega-3 fatty acid-fish oil) capsule

Instructions: Take 1 capsule by mouth daily.

Entered by: Nicole Alexander, RN Entered on: 10/25/2023

#### cyanocobalamin 1000 MCG tablet

Instructions: Take 1,000 mcg by mouth daily.

Entered by: Nicole Alexander, RN Entered on: 10/25/2023

#### **Discharge Medication List**

#### carvedilol (COREG) 25 MG tablet

Discontinued by: Jack Nicholas Torres, MD Discontinued on: 11/22/2023

Reason for discontinuation: Stop Taking at Discharge

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

#### **Medication List (continued)**

Instructions: Take 25 mg by mouth daily.

Entered by: Albert Juarez Jr., MA Entered on: 4/6/2017

carbidopa-levodopa IR (SINEMET) 25-100 mg per tablet

Instructions: Take 2 tablets by mouth 3 times a day Indications: Parkinson's disease. Entered by: Albert Juarez Jr., MA

Entered on: 4/6/2017

Iosartan (COZAAR) 100 MG tablet

Instructions: Take 100 mg by mouth daily.

Entered by: Albert Juarez Jr., MA Entered on: 4/6/2017

atorvastatin (LIPITOR) 40 MG tablet

Instructions: Take 40 mg by mouth daily.

Entered by: Albert Juarez Jr., MA Entered on: 4/6/2017

metFORMIN (GLUCOPHAGE) 500 MG tablet

Instructions: Take 500 mg by mouth 2 (two) times a day with meals.

Entered by: Albert Juarez Jr., MA Entered on: 4/6/2017

nitroglycerin (NITROSTAT) 0.4 MG SL tablet

Instructions: Place 0.4 mg under the tongue every 5 (five) minutes as needed for chest pain.

Entered by: Albert Juarez Jr., MA Entered on: 4/6/2017

pramipexole (MIRAPEX) 0.25 MG tablet

Instructions: Take 0.25 mg by mouth 3 (three) times a day.

Entered by: Shelly R Roark, RN Entered on: 11/29/2018

gabapentin (NEURONTIN) 300 MG capsule

Discontinued by: Jack Nicholas Torres, MD Discontinued on: 11/22/2023

Reason for discontinuation: Stop Taking at Discharge

Instructions: Take 300 mg by mouth 3 times a day.

Entered by: Nicole Alexander, RN Entered on: 10/25/2023

finasteride (PROSCAR) 5 mg tablet

Instructions: Take 5 mg by mouth daily.
Entered by: Nicole Alexander, RN
Entered on: 10/25/2023

folic acid (FOLVITE) 400 MCG tablet

Discontinued by: Jack Nicholas Torres, MD Discontinued on: 11/22/2023

Reason for discontinuation: Stop Taking at Discharge

Instructions: Take 800 mcg by mouth daily.

Entered by: Nicole Alexander, RN Entered on: 10/25/2023

End date: 11/22/2023

melatonin 5 mg tablet

Instructions: Take 5 mg by mouth nightly.

Entered by: Nicole Alexander, RN

Entered on: 10/25/2023

triamcinolone (KENALOG) 0.1 % cream

Discontinued by: Jack Nicholas Torres, MD Discontinued on: 11/22/2023

Reason for discontinuation: Stop Taking at Discharge

Instructions: Apply 1 Application topically daily.

Entered by: Nicole Alexander, RN Entered on: 10/25/2023 Start date: 9/6/2023 End date: 11/22/2023

omega-3/dha/epa/fish oil (omega-3 fatty acid-fish oil) capsule

Instructions: Take 1 capsule by mouth daily.

Entered by: Nicole Alexander, RN Entered on: 10/25/2023

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

#### **Medication List (continued)**

magnesium 250 mg tablet

Discontinued by: Jack Nicholas Torres, MD

Reason for discontinuation: Stop Taking at Discharge

Instructions: Take 500 mg by mouth daily.

Entered by: Nicole Alexander, RN

End date: 11/22/2023

Discontinued on: 11/22/2023

Entered on: 10/25/2023

cyanocobalamin 1000 MCG tablet

Instructions: Take 1,000 mcg by mouth daily.

Entered by: Nicole Alexander, RN Entered on: 10/25/2023

potassium chloride (KLOR-CON) 10 MEQ ER tablet

Discontinued by: Jack Nicholas Torres, MD

Reason for discontinuation: Stop Taking at Discharge

Instructions: Take 10 mEq by mouth daily.

Entered by: Nicole Alexander, RN

End date: 11/22/2023

Discontinued on: 11/22/2023

Entered on: 10/25/2023

oxyCODONE (ROXICODONE) 5 MG immediate release tablet

Discontinued by: Jack Nicholas Torres, MD Discontinued on: 11/22/2023

Reason for discontinuation: Stop Taking at Discharge

Instructions: Take 1-2 tablets (5-10 mg) by mouth every 6 hours as needed for severe pain for up to 7 days. Max Daily Amount:

Ordered on: 10/30/2023 Authorized by: Brianne Elizabeth Wagner, NP Start date: 10/30/2023 End date: 11/22/2023 Quantity: 40 tablet Refill: 1 refill by 10/28/2024

methocarbamoL (ROBAXIN) 750 MG tablet

Discontinued by: Jack Nicholas Torres, MD Discontinued on: 11/22/2023

Reason for discontinuation: Stop Taking at Discharge

Instructions: Take 1 tablet (750 mg) by mouth every 8 hours as needed for muscle spasms for up to 10 days.

Authorized by: Brianne Elizabeth Wagner, NP Ordered on: 10/30/2023 Quantity: 30 each Start date: 10/30/2023

Refill: 1 refill by 10/28/2024

cephalexin (KEFLEX) 500 MG capsule

Discontinued by: Jack Nicholas Torres, MD Discontinued on: 11/22/2023

Reason for discontinuation: Stop Taking at Discharge

Instructions: Take 1 capsule (500 mg) by mouth 3 times a day for 5 days.

Authorized by: Brianne Elizabeth Wagner, NP Ordered on: 10/30/2023 Start date: 10/30/2023 End date: 11/22/2023 Quantity: 15 capsule Refill: 1 refill by 10/28/2024

polyethylene glycol (GLYCOLAX) 17 gram packet

Discontinued by: Jack Nicholas Torres, MD Discontinued on: 11/22/2023

Reason for discontinuation: Stop Taking at Discharge

Instructions: Take 17 g by mouth daily. Authorized by: Douglas Carl Crowther, DO Ordered on: 11/3/2023 Start date: 11/3/2023 End date: 11/22/2023

tamsulosin (FLOMAX) 0.4 mg capsule

Discontinued by: Jack Nicholas Torres, MD Discontinued on: 11/22/2023

Reason for discontinuation: Stop Taking at Discharge Instructions: Take 1 capsule (0.4 mg) by mouth daily.

Authorized by: Douglas Carl Crowther, DO Ordered on: 11/3/2023 Start date: 11/3/2023 End date: 11/22/2023

Quantity: 30 capsule Refill: No refills remaining

amLODIPine (NORVASC) 5 MG tablet

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

#### **Medication List (continued)**

Discontinued by: Jack Nicholas Torres, MD

Reason for discontinuation: Stop Taking at Discharge Instructions: Take 1 tablet (5 mg) by mouth daily.

Authorized by: Camilla Monteiro, DO

Start date: 11/3/2023 Quantity: 30 tablet Discontinued on: 11/22/2023

Ordered on: 11/3/2023 End date: 11/22/2023 Refill: 1 refill by 11/1/2024

### Stopped in Visit

#### aspirin 81 MG chewable tablet

Discontinued by: Brianne Elizabeth Wagner, NP Reason for discontinuation: Stop Taking at Discharge

Discontinued on: 11/3/2023

#### **H&P Notes**

## H&P by Douglas Carl Crowther, DO at 10/30/2023 0817

#### Version 1 of 1

Author: Douglas Carl Crowther, DO Service: Orthopedics Author Type: Physician

Filed: 10/30/2023 8:17 AM Date of Service: 10/30/2023 8:17 AM Status: Signed

Editor: Douglas Carl Crowther, DO (Physician)

I have reviewed the H&P, the patient was examined and NO change has occurred in the patient's H&P or condition since the H&P was completed

With regards to possible operative intervention, risks and benefits of surgery were thoroughly discussed with the patient. The potential risks of operative intervention discussed with the patient included but were not limited to the general operative risks of death, bleeding, and infection. In addition, the patient was advised that surgical procedures involving this segment of the spine could also result in paralysis, loss of bowel and bladder function, loss of sexual function, as well as changes in sensation in the extremities that could include pain, numbness, tingling, and burning which could be temporary or permanent. The patient was advised of the possibility of a spinal fluid leak which could require additional intervention. The patient was counseled that the surgical procedure may fail to relieve his or her symptoms or could potentially make his or her symptoms worse. The potential benefit of operative intervention would be to achieve a reduction in the severity of the patient's symptoms.

## Douglas Carl Crowther, DO

Electronically signed by Douglas Carl Crowther, DO at 10/30/2023 8:17 AM

#### H&P - Filed on 10/31/2023 1550

Version 1 of 1

Scan on 10/31/2023 3:50 PM: CROWTHER, DOUGLAS CARL (below)

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

#### **H&P Notes (continued)**



GALLARDO, JESUS MICHAEL JR GALLARDO, JESUS MICHAEL STA.

DOB: 5/1/1942 (81 yrs) Male

Admit Date: 10/30/2023

MRN:CEUL0641381 HAR:2301583980 

1263 Lake Plaza Drive Colorado Springs, CO 80906 Phone: (719) 623-1050 Fax: (719) 623-1051

ORTHOPEDIC CENTERS OF COLORADO

Jesus M. Gallardo

Jesus M. Gallardo Appointment: 10/19/2023 11:30 AM Documented: 10/19/2023 11:30 AM Location: \*0Cc CCOE South Patient #: 10210750 DOB: 05/01/1942 Language: English / Race: White / Ethnicity: Undefined Gender: Male

History of Present Illness The patient is a 81 year old male

This pleasant 81-year-old male presents to clinic for evaluation and treatment. Patient has had a prior spinal cord stimulator trial that was successful he states that he had 90% improvement of his symptoms. Patient has had a prior lumbar laminectomy and continues to have some known stenosis but has not wanted to move forward with traditional decompressive surgery. Patient does have somewhat of a latrogenic and degenerative scoliosis of the lumbar spine. Patient states that he does have chronic back pain. He has a history of diabetes and takes metformin and does have painful diabetic neuropathy. Patient states that his back pain and leg pain was significantly improved with spinal cord stimulation.

No Known Drug Allergies [] 10/15/2023 **Allergies Reconciled** 

Medication History Medications Reconciled.

Family History

High Cholesterol: Father, Brother; Phreesia 10/15/2023 Alcohol Abuse: Father, Brother; Phreesia 10/15/2023 Diabetes Mellitus: Mother, Father, Brother; Phreesia 10/15/2023

Heart Disease: Father; Phreesia 10/15/2023 Hypertension: Father, Brother; Phreesia 10/15/2023

Social History

Tobacco use: Former smoker; Phreesia 10/15/2023

No alcohol use; Phreesia 10/15/2023 No drug use; Phreesia 10/15/2023 Exercise: daily; Phreesia 10/15/2023

Past Surgical

Heart Surgery; Phreesia 10/15/2023 Other Surgery; Phreesia 10/15/2023 Cataract Surgery; Phreesia 10/15/2023 Back Surgery; Phreesia 10/15/2023

Jesus M. Gallardo

Thursday, October 26, 2023

Patient #: 10210750

DOB: 05/01/1942 (81 years)

Page 1/3

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

# 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

#### **H&P Notes (continued)**

Other Problems (Phreesia ADPVendor; 10/15/2023 07:16 PM) Joint Problems; Phreesia 10/15/2023 Heart Disease; Phreesia 10/15/2023 Blood Clot; Phreesia 10/15/2023 High blood pressure; Phreesia 10/15/2023 Coronary Artery Disease; Phreesia 10/15/2023 Congestive Heart Failure; Phreesia 10/15/2023 Parkinson's Disease; Phreesia 10/15/2023 Hypercholesterolemia; Phreesia 10/15/2023 Chest pain; Phreesia 10/15/2023 Peptic Ulcer; Phreesia 10/15/2023 Physical Exam The physical exam findings are as follows: General: Alert, No acute distress, well developed Head: Normocephalic, atraumatic Head: Normocephalic, atraumatic Nose: No Nasal discharge Eyes: Extraocular muscles intact, Pupils equal round, vision grossly intact Neck: No JVD, No lymphadenopathy Lungs: Normal Respiratory effort, no respiratory distress Abdomen: Soft, non distended Neuro: CN II-XII grossly intact detailed below L2 (iliopsoas / mid anterior thigh sensation) [= 5/5 : normal]
L3 (quadriceps / distal anterior thigh sensation) [= 5/5 : normal]
L4 (tib. anterior / patellar reflex / medial ankle sensation) [= 5/5 : 2+ : Abnormal]
L5 (EHL / dorsal foot sensation) [= 5/5 : Abnormal]
S1 (Peroneals / Achilles reflex / lateral ankle sensation) [= 5/5 : 2+ : Abnormal]
Clonus [R/L]: [negative] / [negative]
Babinski [R/L]: [negative] / [negative] Assessment & Plan **CHRONIC PAIN SYNDROME (G89.4)** Current Plans: Future Procedures: 10/20/2023: INSERTION, SPINAL CORD STIMULATOR, LUMBAR (63685) Routine one time (SCS) **ENCOUNTER FOR SCREENING (Z13.9)**  ASSESSMENT FOR SAFETY AWARENESS AND HISTORY OF FALLS (3288F) Routine () Score: (Reference Range: 0-24 = Low Risk, 25-44 = Medium Risk, 45+ = High Risk) 50 History of falling: immediate or within 3 months? Yes (25) Is there a Secondary Diagnosis? No (0) Any use of ambulatory aids? Crutches/cane/walker (15) Does patient have a IV/Heparin lock? No (0) How is patient's gait/transferring? Weak (10) How is patient's mental status? Oriented to own ability (0) • XR LUMBAR SPINE, 4-5 VIEWS (72110) Routine () • XR THORACIC SPINE, 2 VIEWS (72070) Routine () **NEUROPATHY IN DIABETES (E11.40)** Current Plans: Jesus M. Gallardo Patient #: 10210750 DOB: 05/01/1942 (81 years) Thursday, October 26, 2023 Page 2/3

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## **H&P Notes (continued)**

## CHRONIC BACK PAIN GREATER THAN 3 MONTHS DURATION (M54.9)

Current Plans:

Lumbar radiograph was reviewed patient does have degenerative lumbar scoliosis with asymmetric collapse throughout the lumbar spine with a concavity on the right side.

Thoracic radiographs demonstrate no major osseous abnormalities no instability no fractures appreciated.

MRI from Colorado Springs imaging was reviewed patient does appear to have moderate to severe canal stenosis at L2-L3 with multilevel degenerative and arthritic changes.

At this point time I had a discussion with the patient I did discuss with him that I do feel that spinal cord stimulation would be beneficial and helpful for him since she had such a beneficial trial. We will plan to move forward with permanent placement. Discussed with him the risk benefits complications indications alternatives expectations of the procedure he is understanding we will plan to get him scheduled in the near future.

The patient will be provided with a LSO brace to support, stabilize and protect their spine following surgery. The brace is medically necessary in order to support, stabilize and promote healing of the spine and soft tissues. The risks, benefits, indications, alternatives, and expectations of the procedure were discussed with the patient. These risks and complications include, but are not limited to scarring, permanent neurologic injury, paralysis, vascular injury, infection, durotomy, loss of motion, adjacent level disease needing further surgery, hardware failure, chronic pain, or persistent symptoms requiring the need for additional surgical intervention. Patient had their questions answered and they wish to proceed with the outlined plan.

Douglas Crowther, DO

Volte

Thursday, October 26, 2023

Patient #: 10210750

DOB: 05/01/1942 (81 years)

Page 3/3

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## **Discharge Summary Note (continued)**

## Discharge Summary by Douglas Carl Crowther, DO at 11/3/2023 1800

Version 1 of 1

Author: Douglas Carl Crowther, DO Service: Orthopedics Author Type: Physician

Filed: 11/11/2023 8:35 AM Date of Service: 11/3/2023 6:00 PM Status: Signed

Editor: Douglas Carl Crowther, DO (Physician)

# **Discharge Summary**

Patient Name: Jesus Michael Gallardo Jr.

Date of Birth: <u>5/1/1942</u> Medical Record #: CEUL0641381

Admitting Provider: Douglas Carl Crowther, DO Discharge Provider: No att. providers found

Primary Care Physician at Discharge: Joseph Thomas McGarry, MD 719-784-4816

Admission Date: 10/30/2023 Discharge Date: 11/3/23

#### **DISCHARGE DIAGNOSES**

Diagnosis	POA
<ul> <li>Primary Diagnosis :S/P insertion of spinal cord stimulator [Z96.89]</li> </ul>	Not Applicable
<ul> <li>Type 2 diabetes mellitus, without long-term current use of insulin (CMS/HCC) [E11.9]</li> </ul>	Yes
Hypertension [I10]	Yes
Hyperlipidemia [E78.5]	Yes
<ul> <li>Coronary artery disease involving native coronary artery of native heart [I25.10]</li> </ul>	Yes
<ul> <li>History of BPH [Z87.438]</li> </ul>	Yes
Parkinson's disease [G20.A1]	Yes
Gastroesophageal reflux disease without esophagitis [K21.9]	Yes

## **Resolved Hospital Problems**

No resolved problems to display.

# **Operative Procedures Performed**

Procedure(s):

PERMANENT SPINAL CORD STIMULATOR -10/30/2023

Evacuation of epidural hematoma and removal of spinal cord stimulator-10/30/2023

Permanent placement of spinal cord stimulator -11/2/2023

Thoracic hemilaminotomy bilateral T6, T7, T8, T9 and evacuation of hematoma 11/2/2023

<u>Discharge Disposition</u>: \*Rehab Facility -- Internal

#### **Details of Hospital Stay**

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

# **Discharge Summary Note (continued)**

## **Presenting Problem/History of Present Illness**

This 81-year-old male who has been suffering from chronic pain syndrome and chronic neuropathy has failed nonsurgical treatment options and elected to proceed with placement of permanent spinal cord stimulator after a successful trial spinal cord stimulator.

#### **Hospital Course**

Patient arrived to the hospital on 10/30/2023. Patient had not taken her morning blood pressure medication and had slightly elevated blood pressure and preoperative area. Anesthesia gave approval and clearance to move forward with surgical intervention is felt that blood pressure could be well controlled during surgical procedure with appropriate medication.

The surgical procedure and placement of the spinal cord stimulator was uneventful and completed without complication. Patient was transferred to the PACU and was doing well within recovery. Approximately 3 hours post surgery patient was standing at bedside without complaints of leg weakness or numbness. Within the next hour, at 4 hours postop my staff was notified that the patient was having weakness and decreased sensation in his lower extremities. I immediately presented to the hospital for evaluation of the patient. Patient was without motor function of his bilateral lower extremities as well as loss of sensation. At this point the patient was taken back to the operating room emergently for evacuation of suspected epidural hematoma and removal of spinal cord stimulator. During his postoperative course in PACU patient had unresponsive blood pressure. Patient had consistent blood pressure systolic 180- 240. Multiple attempts by anesthesia as well as consult with hospitalist with different medications to treat patient's blood pressure. It is presumed that the patient's elevated systolic blood pressure postoperatively contributed to development of epidural hematoma at the surgical field.

Post procedure patient noticed improvement of his symptoms continued to have some weakness of his lower extremities. A subsequent MRI was obtained this was delayed due to the fact that there was concern for metal within the patient's body and multiple attempts at MRI were completed. MRI was finally obtained there was found to be an epidural hematoma more cephalad to the surgical site. At this point time after discussion with neurosurgery colleague best surgical solution would be to return to the OR for evacuation of epidural hematoma via bilateral hemilaminotomies as well as placement of permanent spinal cord stimulator for treatment of chronic pain and neuropathy that would ensue

Clinical Indicators: Impaired balance/sensation, weakness to core and BLEs. 9 x 14 x 90 mm (AP x TV x CC) dorsal epidural hematoma extending from T5-T9, largest at T8 ... associated severe canal stenosis, mass effect on the spinal cord spanning T7-T8. Longitudinal central cord edema extends from T6-T10.

Risk Factor(s): Severe canal stenosis, mass effect on the spinal cord spanning T7-T8 from epidural hematoma likely due to elevated systolic blood pressure postoperatively...

Treatment: IVF LR bolus/maintenance, incision/drainage/evacuation, IV Ancef, IV Vancomycin, PT/OT evaluations, IV dexamethasone, monitor labs/VS's.

Discharge Condition: Stable

Weight: 86.2 kg (190 lb)

Discharge instructions discussed with: Patient, Family, and patient discharged to inpatient rehab for aggressive therapies working on strength and conditioning of bilateral lower extremities.

## **Active Issues Requiring Follow-up**

Spinal cord injury after epidural hematoma

#### **Outpatient Follow-Up**

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## **Discharge Summary Note (continued)**

Patient to follow-up with:
Brianne Elizabeth Wagner, NP
Specialty: Nurse Practitioner, Orthopedic Surgery
2446 Research Pkwy

Ste 200

Colorado Springs CO 80920-1087

Phone: 719-623-1050

Capron Neuro and Trauma Rehabilitation Center

6001 E Woodmen Rd Colorado Springs CO 80923 Phone: 719-571-6600

Joseph Thomas McGarry, MD Specialty: Family Medicine 501 W 5th St

Florence CO 81226-1226 Phone: 719-784-4816

## <u>Test Results Pending at Discharge</u> None

Electronically signed by Douglas Carl Crowther, DO at 11/11/2023 8:35 AM

#### Clinical Notes (group 1 of 2)

#### Assessment & Plan Note

## Jacqueline Mitongo Kabongo, MD at 10/30/2023 1345

Author: Jacqueline Mitongo Kabongo, MD Service: Hospitalist Author Type: Physician

Filed: 10/31/2023 2:28 PM Date of Service: 10/30/2023 1:45 PM Status: Edited

Editor: Jacqueline Mitongo Kabongo, MD (Physician)

Related Problem: Hyperlipidemia

## Chronic condition. Continue Lipitor 40 mg daily.

Electronically signed by Jacqueline Mitongo Kabongo, MD at 10/31/2023 2:28 PM

## Jacqueline Mitongo Kabongo, MD at 10/30/2023 1346

Author: Jacqueline Mitongo Kabongo, MD Service: Hospitalist Author Type: Physician

Filed: 10/31/2023 2:26 PM Date of Service: 10/30/2023 1:46 PM Status: Edited

Editor: Jacqueline Mitongo Kabongo, MD (Physician) Related Problem: Diabetes mellitus, type II (CMS/HCC)

# Chronic condition with unknown HA1c. Home regimen includes metformin 500 mg BID, hold while inpatient Continue SSI ac with FSBG and hypoglycemia protocol

Electronically signed by Jacqueline Mitongo Kabongo, MD at 10/31/2023 2:26 PM

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## Clinical Notes (group 1 of 2) (continued)

#### Jacqueline Mitongo Kabongo, MD at 10/30/2023 1347

Author: Jacqueline Mitongo Kabongo, MD Service: Hospitalist Author Type: Physician

Filed: 10/31/2023 2:31 PM Date of Service: 10/30/2023 1:47 PM Status: Edited

Editor: Jacqueline Mitongo Kabongo, MD (Physician)

Related Problem: Parkinson's disease

#### Chronic condition. Continue Sinemet and Mirapex.

Electronically signed by Jacqueline Mitongo Kabongo, MD at 10/31/2023 2:31 PM

#### Camilla Monteiro, DO at 10/30/2023 1352

Author: Camilla Monteiro, DO Service: Hospitalist Author Type: Physician

Filed: 11/2/2023 10:11 AM Date of Service: 10/30/2023 1:52 PM Status: Edited

Editor: Camilla Monteiro, DO (Physician)

Related Problem: Coronary artery disease involving native coronary artery of native heart

## Noted history of MI ~2012, S/p PCI mid-LCx to OM1

Follows with Dr. Jenny Lee with Pueblo Cardiology Associates, during last visit 9/2023 a stress test was offered to the patient to evaluate 1 episode of atypical chest pain. However, the patient declined.

ASA held, resume when appropraite form surgical standpoint.

Continue medical management with carvedilol, losartan, atorvastatin

Troponin normal.

EKG w/o ST deviation or TWI.

Ok to discontinue telemetry.

Electronically signed by Camilla Monteiro, DO at 11/2/2023 10:11 AM

#### Camilla Monteiro, DO at 10/30/2023 1353

Author: Camilla Monteiro, DO Service: Hospitalist Author Type: Physician

Filed: 11/3/2023 9:41 AM Date of Service: 10/30/2023 1:53 PM Status: Edited

Editor: Camilla Monteiro, DO (Physician) Related Problem: Hypertension

Neiated Froblem. Hypertension

Chronic condition. Patient was noted to have elevated BP reading post-op -> hypertensive urgency. This is likely due to epidural compression by hematoma. BP readings improved with evacuation of hematoma.

He received as needed labetalol and scheduled medications on 10/30.

- -Continue carvedilol and losartan. Will add amlodipine 5mg for better BP control
- -Monitor BP readings.

Electronically signed by Camilla Monteiro, DO at 11/3/2023 9:41 AM

#### Camilla Monteiro, DO at 10/30/2023 1354

Author: Camilla Monteiro, DO Service: Hospitalist Author Type: Physician

Filed: 11/3/2023 9:42 AM Date of Service: 10/30/2023 1:54 PM Status: Edited

Editor: Camilla Monteiro, DO (Physician) Related Problem: History of BPH

Chronic condition. Continue Proscar.

Patient with urinary retention status post surgical intervention.

- -Started on flomax 0.4 mg daily, continue
- -Monitor I&Os

Electronically signed by Camilla Monteiro, DO at 11/3/2023 9:42 AM

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## Clinical Notes (group 1 of 2) (continued)

#### Camilla Monteiro, DO at 10/30/2023 1523

Author: Camilla Monteiro, DO Service: Hospitalist Author Type: Physician

Filed: 11/3/2023 9:40 AM Date of Service: 10/30/2023 3:23 PM Status: Edited

Editor: Camilla Monteiro, DO (Physician)

Related Problem: S/P insertion of spinal cord stimulator

Patient with history of chronic back pain and Parkinson disease with neuropathy.

S/p thoracic spine hematoma evacuation and spinal cord stimulator removal by Dr. Crowther on 10/30/23.

Postoperatively in PACU, the patient was endorsing bilateral leg numbness and paralysis. RN immediately notified the surgery team. Patient back to OR for evacuation of suspected hematoma.

Now s/p bilateral thoracic hemilaminotomy T6-T8, evacuation of epidural hematoma, placement of spinal cord stimulator paddles and battery on 11/2

- -Postoperative care per Orthopedics/primary (pain control, drain care if applicable, activity restrictions, diet, DVT prophylaxis)
- -Continue gabapentin resumed by primary service
- -PT/OT eval and treat.
- -Fall risk precautions.

Electronically signed by Camilla Monteiro, DO at 11/3/2023 9:40 AM

## Camilla Monteiro, DO at 10/30/2023 1526

Author: Camilla Monteiro, DO Service: Hospitalist Author Type: Physician

Filed: 11/1/2023 9:22 AM Date of Service: 10/30/2023 3:26 PM Status: Edited

Editor: Camilla Monteiro, DO (Physician)

Related Problem: Gastroesophageal reflux disease without esophagitis

Patient with epigastric abdominal pain postoperatively, no chest pain or shortness of breath.

EKG and troponin none suggestive of ACS.

Continue Protonix 40 mg daily.

Electronically signed by Camilla Monteiro, DO at 11/1/2023 9:22 AM

#### CM/Transition

#### Kathryn S Smith at 10/31/2023 1435

Author: Kathryn S Smith Service: Case Management Author Type: Case Manager

Filed: 10/31/2023 2:35 PM Date of Service: 10/31/2023 2:35 PM Status: Signed

Editor: Kathryn S Smith (Case Manager)

	10/31/23 1434
Readmission	
Readmission Addressed	Not applicable
<b>Preadmission Activities of</b>	Daily Living
Functional Status	Independent
Living Arrangement	House;Lives with someone (Lives with spouse, in a two-level home with stairs.
	Has 5 steps to enter home.)
Ambulation	Independent
Dressing	Independent
Feeding	Independent
Bathing/Grooming	No assistance

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

# 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## Clinical Notes (group 1 of 2) (continued)

Behavior	Oriented	
Communication	Can write;Talks;Understands speaking;Understands English	
Available Home Equipment	Walker;Cane;Wheelchair-manual;Other (Comment) (Shower chair with back.)	
Family and Support		
Name of Designated Post-	Self– Jesus	
Discharge Caregiver	Sell- Jesus	
Support Systems	Spouse/significant other;Children	

Electronically signed by Kathryn S Smith at 10/31/2023 2:35 PM

#### Kathryn S Smith at 10/31/2023 1437

Author Type: Case Manager Status: Addendum Author: Kathryn S Smith Service: Case Management

Filed: 10/31/2023 4:15 PM Date of Service: 10/31/2023 2:37 PM

Editor: Kathryn S Smith (Case Manager)

	10/31/23 1435
Support and Capacity	
Patient expects to be discharged to:	Anticipate possible discharge to inpatient Capron rehab per PT eval and recommendation.
	Spouse/significant other
Living Arrangements	(Lives with spouse, in a two-level home with stairs. Has 5 steps to enter home.)
Support Systems	Spouse/significant other;Children
Assistance Needed	Max assist
Capacity for Self-Care Post Discharge	Maximum assistance
Can patient return to previous living arrangement?	No
New PCP Referral Needed?	No
PCP Comment	PCP–Joseph Thomas McGarry, MD
DC Planning Contacts	
Name of Designated Post- Discharge Caregiver	Self– Jesus
Contact information for caregiver identified	719-784-4443
Patient declined/unable to provide name of caregiver	N/A
Post Acute	
Proposed Post Acute Disposition	Acute Rehab Center
Patient/rep confirmed and	
reviewed goals, preferences, and DC plan?	Yes
Provider confirmed and reviewed goals, preferences, and DC plan?	Yes
The CM/SW considered patient	Yes

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## Clinical Notes (group 1 of 2) (continued)

decisional capacity when making post DC plans	
Transportation	
Does the patient need discharge transport arranged?	No

1613 Pt stated to CM, " my wife and I talked re: discharge plan, and we both agreed to wanting inpt Capron Rehab". Choice form signed and placed in chart.

Charge RN placed order for Consult to Capron Rehab.

Electronically signed by Kathryn S Smith at 10/31/2023 4:15 PM

#### Tracy M Richardson, RN at 11/1/2023 1046

Author: Tracy M Richardson, RN Service: Case Management Author Type: Registered Nurse

Filed: 11/1/2023 10:46 AM Date of Service: 11/1/2023 10:46 AM Status: Signed

Editor: Tracy M Richardson, RN (Registered Nurse)

	11/01/23 1045	
Post Acute		
Proposed Post Acute Disposition Acute Rehab Center		
Parriara ta Disabarga	Other (comment)	
Barriers to Discharge	(OT pending)	
DC Plan Update	Capron referral pending	

Electronically signed by Tracy M Richardson, RN at 11/1/2023 10:46 AM

#### Kerri Tremaroli at 11/2/2023 0702

Author: Kerri Tremaroli Service: Case Management Author Type: Case Manager

Filed: 11/2/2023 7:03 AM Date of Service: 11/2/2023 7:02 AM Status: Signed

Editor: Kerri Tremaroli (Case Manager)

#### Patient accepted to IRF at Capron once cleared medically.

Electronically signed by Kerri Tremaroli at 11/2/2023 7:03 AM

### Erica Czufin, LCSW at 11/2/2023 1134

Author: Erica Czufin, LCSW Service: Case Management Author Type: Social Worker

Filed: 11/2/2023 11:34 AM Date of Service: 11/2/2023 11:34 AM Status: Signed

Editor: Erica Czufin, LCSW (Social Worker)

	11/02/23 1131	
Support and Capacity		
Patient expects to be discharged to:	Capron at d/c	
Living Arrangements	Spouse/significant other	
Support Systems	Spouse/significant other;Children	
Capacity for Self-Care Post Discharge	Maximum assistance	

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

# 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

# Clinical Notes (group 1 of 2) (continued)

	,
Can patient return to previous living arrangement?	No
PCP Comment	Joseph Thomas McGarry, MD
DC Planning Contacts	
DC Plan discussed and accepted by designated caregiver?	Spoke with patient and spouse at bedside to confirm d/c plan
Post Acute	
Proposed Post Acute Disposition	Acute Rehab Center
Name of accepting person at facility/agency/liaison	Kerri T
Care Facility Name and Address	Capron 6001 E Woodmen Rd COS CO
Barriers to Discharge	(surgery scheduled 11/2 at 1600 laminectomy)
Patient/rep confirmed and reviewed goals, preferences, and DC plan?	Yes
Provider confirmed and reviewed goals, preferences, and DC plan?	Yes
The CM/SW considered patient decisional capacity when making post DC plans	Yes
DC Plan Update	Per Kerri in admissions patient is accepted at Capron. SW to follolw post surgery to transfer patient to Capron when medically ready for d/c. Met with patient and spouse who have no questions at this time.
Transportation	
Does the patient need discharge transport arranged?	No

Electronically signed by Erica Czufin, LCSW at 11/2/2023 11:34 AM

## Erica Czufin, LCSW at 11/3/2023 1158

Author: Erica Czufin, LCSW Service: Case Management Author Type: Social Worker

Filed: 11/3/2023 3:29 PM Date of Service: 11/3/2023 11:58 AM Status: Addendum

Editor: Erica Czufin, LCSW (Social Worker)

	11/03/23 1154
Support and Capacity	
Patient expects to be discharged to:	Capron at d/c
Living Arrangements	Spouse/significant other
Support Systems	Spouse/significant other;Children
Capacity for Self-Care Post Discharge	Moderate assistance
Can patient return to previous living arrangement?	No

MRN: CEUL0641381, DOB: 5/1/1942, Sex: M

Adm: 10/30/2023, D/C: 11/3/2023

## 10/30/2023 - Admission (Discharged) in St. Francis Medical Center 6N Ortho/Surg (continued)

## Clinical Notes (group 1 of 2) (continued)

Post Acute		
<b>Proposed Post Acute Disposition</b>	Acute Rehab Center	
Name of accepting person at facility/agency/liaison	Janice	
Care Facility Name and Address	Capron 6001 E Woodmen Rd COS CO	
Provider confirmed and reviewed goals, preferences, and DC plan?	Yes	
The CM/SW considered patient		
decisional capacity when making	Yes	
post DC plans		
	Per Janice in admissions patient has a bed available tomorrow for admission to Capron. Possibility for admission later today pending other admits, Janice to notify CM asap.	

**1530 UPDATE:** Per Admissions patient now has a ready bed at Capron. Spoke with bedside RN and Brianne Wagner, agreeable for transfer today with foley(Capron agreeable as well).

Electronically signed by Erica Czufin, LCSW at 11/3/2023 3:29 PM

#### Consults

#### Lauren Brianna Prebish, PA-C at 10/30/2023 1326

Author: Lauren Brianna Prebish, PA-C Service: Hospitalist Author Type: Physician Assistant

Filed: 10/30/2023 3:28 PM Date of Service: 10/30/2023 1:26 PM Status: Attested

Editor: Lauren Brianna Prebish, PA-C (Physician Assistant)

Cosigner: Jacqueline Mitongo Kabongo,

MD at 10/30/2023 4:14 PM

Consult Orders

1. Consult to Hospitalist [565540883] ordered by Brianne Elizabeth Wagner, NP at 10/30/23 1049